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Chris Fremantle

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OPINION PIECE

## No maintenance: a provocation for art and design in health care settings

Chris Fremantle 

Gray's School of Art, Robert Gordon University, Aberdeen, UK

### ABSTRACT

Art and design developed for hospitals and other health care settings is frequently required to be low or no maintenance. Can the requirement for no maintenance be understood as a creative problem (rather than a technical one) and therefore provoke a different or innovative approach?

### ARTICLE HISTORY

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### KEYWORDS

Art; design; health care; hospitals; maintenance; management; brief

## Introduction

Public art and therapeutic design in health care settings can enhance the environment, provide distraction, contribute to a sense of place and aid way-finding. It can be an important contributor to the sense of the patient as person by creating dignified spaces (in relation to this latter point, see Fremantle, Hamilton, and Sands 2013).

That being said, one of the key challenges for public art and therapeutic design in health care settings can be the issue of maintenance. Everything requires maintenance sooner or later, but art and design in health care is always going to be low on the list of maintenance priorities (and fundraising for maintenance is an almost impossible task). Frequently, briefs for public art and therapeutic design in health care settings ask for 'low' or 'no' maintenance proposals.<sup>1</sup>

The author was prompted to think about this issue differently when he read the following, 'Her plan maintained that for such a developing and unique habitat "the best management of oil shale bings is no management..."' (Richardson 2012).<sup>2</sup> This sentence appeared in an article discussing the artist John Latham (1921–2006) and his work in relation to the shale spoil heaps of West Lothian in Scotland. It referred to a report on biodiversity prepared by Barbra Harvie. The phrase "the best management is no management" provoked the author to question whether the approach to public art and therapeutic design in health care settings could benefit from creative thinking inspired by this idea.

When developing arts (including visual art, craft and design) in health care, we are frequently asked to deliver a programme of artworks that have no

maintenance requirements. That is, no one will do anything to them after they are installed. What we, artists and project managers working together, tend to do is to curate and propose work that we have selected and developed with minimum maintenance in mind. So we often end up with vinyl imagery, or framed works, or very hard wearing materials like ceramic (or newer materials such as Corian). What does not seem to have been explored is what a work might be for which the best regime is no maintenance.

Let us consider the shale bings for a minute – they are not natural environments. They are thoroughly man-made resulting from 100 years of oil production in West Lothian. The biodiversity developing on them is growing on, to quote Richardson again, ‘...cones of burnt and oxidised waste are the residual product of a mid-nineteenth-century mining process designed to extract and distil products from oil-bearing shale for use as paraffin fuel (Richardson 2012).’ Whilst this is not what you would call ideal soil, the landscape benefits in the usual way from sun, wind and rain. It is not operating in isolation.

The author clearly does not want to extend the metaphor to suggest that health care buildings are like the bings, ie a waste product of industrial processes, nor that we should simply allow art to occur in them by happenstance in the way that biodiversity has taken root on the bings. Art and design for health care buildings needs to be selected and commissioned with care, diligence and skill.

Rather, the author is suggesting that a healthy ecosystem is thriving in what appear to be superficially challenging circumstances with everyday inputs of sun, wind and rain. In fact, that ecosystem is constituted of grasses and rare plant species, i.e. things that can develop in the specific circumstances.

Increasingly art and therapeutic design strategies for health care in Scotland anyway are relying on underlying interpretations of theories of biophilia and what we are interested in imagining is how to extend this metaphor, or set of design principles (Kellert, Judith, and Martin 2008). This is an exercise in wondering what a biomimicry approach to art and therapeutic design might look like if we took the ecosystems of the shale bings, and in particular, their characteristic of being best served by ‘no maintenance,’ as the inspiration.

Before turning to the specific criteria in the brief, there is a wider context to thinking about art and maintenance. (Environmental management being about the wider issue of maintenance. The author is, in this case, conflating management and maintenance for provocative purposes.) The American artist Merle Ukeles (1939–) has since the late 1960s focused her practice on the issue of maintenance in the context of urban waste and the waste management industry, particularly in New York City, and also internationally. In 1969, Ukeles wrote her *Manifesto for Maintenance Art, 1969!* (Ukeles 1969). This was a response to having a child and the work of the housewife. Ukeles proposed that the work of maintenance could be understood as art. Since that initial decision Ukeles has undertaken a number of performative and sculptural artworks including *Touch Sanitation* (1978–1984), a multi-year performance during which she shook hands with the 8500 employees of the New York City Sanitation Department; and *The Social Mirror*

(1983), a Department of Sanitation garbage truck covered in hand-tempered mirror, of which Ukeles said, 'This project allowed citizens to see themselves linked with the handlers of their waste (Freshkills Park Alliance 2012). Ukeles' work springs from the feminism of the late 1960s and she is only one example of an artist who has transformed everyday life into art, but she is one of the very few who have brought the question of maintenance into the world of art.

If management and maintenance are significant issues in commissioning new art and design for health care settings, the provocation initiating the author's train of thought proposed 'the best management is no management'. The example of Ukeles' *Manifesto* and artworks demonstrates that maintenance can be art. In order to further provoke this issue, the author proposes opening the challenge up to artists and designers through the use of a 'brief'. A brief is widely used in art and design as a means to engage the interest of art and design businesses and freelancers. Briefs are distinct from tenders and other forms of procurement because the formulation of the brief can act as a creative stimulus.<sup>3</sup> Briefs are used in open and closed competitions for live and speculative projects across art, design and architecture.

This brief is entirely speculative and open to any artist, designer or architect, or other practice or discipline to propose works that address the brief. Responses to the brief are welcome and the author may publish submissions – specific submission criteria are included in the following brief.

### **Title: The zero maintenance brief: art and design for health care settings**

#### **Introduction**

We are seeking proposals for artworks that fulfil one of the conventional roles in a health care setting such as distraction, way-finding or patient dignity, but are made in such a way as to meet the zero maintenance requirement in an imaginative way.

#### **Location**

The challenge we are posing is to develop proposals for artworks that can be created for health care settings, including acute hospitals, dementia units, renal dialysis units, children's wards, secure psychiatric wards, local health centres, waiting rooms, entrances, immediate landscapes and so forth.

Variously, these might be challenged by strict infection control, heavy usage, long waiting times, regular repeat visits, stress and anxiety. The proposals would need to recognize the different people in the environment, staff, patients, families and visitors; the different ages and the cultural mix.

Differences in sensory ability should be taken into account. No health care setting has all these characteristics.

Proposals should self-define the specific set that provides the context for the work. Proposals might include plans and elevations of the context for the work.

(continued)

**Community engagement**

The location selected will have a range of users including:

- Medical, nursing, administrative and ancillary staff
- Patients
- Relatives and carers
- Community organizations and groups
- Arts networks, local contractors and craftspeople

Responses to the brief should indicate the form(s) of community engagement that is relevant to the proposal.

**Budget**

The budget for making the work is unlimited. Clearly, a normal brief would have a required lifespan for the work, usually varying from 10 years for internal finishes to 50 years for structural elements. The proposal should indicate the lifespan or duration or process of the work which could extend to the full lifespan of a health care building (and some of the ones that we are still using are over 100 years old).

This is not primarily framed as a 'problem solving' brief, but rather one that focuses on 'sense-making.' In other words, we are not looking for technical solutions to making the normal things in more robust ways, but rather proposals that creatively engage with the challenge to make sense of the best maintenance being no maintenance.

Proposals should include an indicative budget.

**Timescale**

The author will accept submissions up until 31 December 2017.

**Copyright and moral rights**

The copyright and all intellectual property rights in the works remain vested in the individual submitting the proposal. The submitter of the proposal grants the author of the brief an irrevocable, exclusive royalty-free licence to copy, use and to reproduce designs, models and supporting information for any purpose including publishing in any media or other form of distribution. The author will at all times acknowledge and identify the person submitting the proposal including all occasions on which the work (including drawings and models) is exhibited in public.

The author undertakes not to intentionally alter, deface, modify or destroy the work (or knowingly consent to others doing so).

**Submissions**

Submission to be sent in electronic format (pdf no greater than 5 mb) to the author at [chris@fremantle.org](mailto:chris@fremantle.org) as below by 5 pm, 31 December 2017. You will be notified of receipt of your proposal within four days of submission.

*(continued)*

Submission should include:

- (1) Curriculum vitae;
- (2) Your proposal including:
  - Description and explanation including the imagined location of the work and how it meets the zero maintenance challenge (up to two sides of A4)
  - Visualization of your proposal (up to 15 images)
  - Statement describing your approach to community engagement
  - Outline budget

## Conclusion

This paper intends a 'practice-led' or action research approach to addressing the challenges outlined. The subject is large and merits a more thorough discussion. This provocation is intended to open up a practitioner-led, rather than theory- or polemic-led discussion and to use proposals as a means to explore the potential for different ways of thinking.

This brief is therefore presented in the spirit of the open competition and submissions are welcome. As per the brief, submissions will remain the property of the submitter, but may be published by the author of this paper as part of further research. Correspondence with the author is welcomed electronically or physically.

## Notes

1. The author has been responsible for writing such briefs and participating in the Steering Groups that establish such principles.
2. 'Bing' is the vernacular for a spoil heap in Scotland.
3. Briefs can be more or less effective in stimulating innovation depending on the way in which the challenge is framed.

## Disclosure statement

No potential conflict of interest was reported by the author.

## Notes on contributor

*Chris Fremantle* is a researcher and producer. He has worked on a number of art programmes for new hospitals in Scotland. He has presented research and case studies on arts and health, particularly relating to the creation of new art and design. He has worked on the leadership role of artists, particularly in public life; the development of art and ecology, including establishing *ecoartscotland* in 2010; as well as on innovation and failure.

## ORCID

*Chris Fremantle*  <http://orcid.org/0000-0002-5818-8208>

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